



Contact:

Mr. Paul Jarvie
OHSIG - Chairperson
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Auckland 1142

Ms Katie Sadlier
General Manager, Injury Prevention
Accident Compensation Corporation
P.O.Box 242
Wellington

3rd August 2007

Dear Ms Sadlier,

When the Workplace Health and Safety Strategy (the Strategy) was developed it became apparent that there was no single Occupational Health and Safety (OH&S) industry sector voice/focus.

There were many individual OH&S associations doing good work in their own fields, but unfortunately, the efforts overlapped in numerous areas. This created a sector which was fragmented and directionless and had no united vision.

Now nine of these organisations have joined The Occupational Health and Safety Industry Group (the OHSIG, or the 'Group'). See the appendix. This is a forum of associations that collectively work in the area of occupational health and safety within New Zealand.

This industry group was formed to establish a united OH&S industry, as well as being a single point of contact to Government and other agencies on matters pertaining to health and safety within New Zealand.

A united industry will enhance government, local body and other injury prevention initiatives.

The Group will provide comment, submissions and opinions to Government on policy with regard to safety and research, in the health and injury prevention area. This will assist in the roll out and implementation of the Strategy.

The Group is also a conduit for the Government back to its stakeholders, allowing for a wider distribution of information from government to OH&S bodies.

The Group recognises and fully endorses the Strategy and is committed to assist in its implementation at all levels.

We see the strategy as worthwhile and necessary to progress the stated outcomes of reducing the burden of injury accidents in the NZ workplace.

The current NZ statistics do not make for good reading:

- Workplace deaths, 85 pa
- Workplace accidents (ACC), 200,000 pa
- ACC Work related claims, over 28,000 pa\
- Estimated deaths from workplace exposures, 700-1000 (NOHSAC report)
- Estimated new cases of workplace illness caused by exposures to contaminants, 17,000- 20,000 pa.

Source: "The Burden of Occupational Disease and Injury – Technical Report", 2004

As the stakeholders of the Group we offer the following list of recommendations that we believe, if implemented, would significantly improve the above statistics, thus reducing the burden of harm in NZ. These recommendations, we believe, represent major initiatives that require both funding and implementation.

We are requesting in turn:

- Acknowledgement of these recommendations;
- Our inclusion in the development of policy;
- Assistance with the provision of recourses; and
- Assistance with the development of infrastructure to implement these recommendations.

Yours faithfully,

Chairperson
OHSIG

Addressees

Hon Ruth Dyson
Hon Steve Maharey
Mr Andrew Annakin
Mr Geoff Wilson
Dr Jan White
Ms Katie Sadlier
Ms Joyce Dunn

Recommendations from the Occupational Health and Safety Industry Group, in summary:

1. That the OH&S industry moves towards Continuous Professional Development (CPDs) as a way of maintaining and up skilling its members, to ensure they give accurate and professional information to employers and employees.
2. That the DoL and ACC Injury Prevention Consultants are members of a professional organisation and required to participate in their Continuous Professional Development (see 1 above).
3. That the DoL's range of Codes of Practice and Guidelines are reviewed and made into Best Practice documents. This also will require that ACC publications are brought into line with DoL or vice versa.
4. That the Workplace Exposure Standards be reviewed.
5. That the ACC WSMP audit tool be reviewed and brought up to date.
6. That material is researched and developed for Small to Medium Enterprises (SMEs) in the areas of Injury Prevention and Rehabilitation.
7. That there is a concerted move away from lag indicators e.g. Key Performance Indicators (KPIs, accident statistics) towards Positive Performance Indicators (lead indicators) and that improving the company injury prevention culture is promoted at all levels of DoL and ACC activities.
8. That identified high risk industries (as described in the National Occupational Health and Safety Advisory Committee – NOHSAC - report) are required to demonstrate a level of compliance through a Certificate of Conformance similar to the Building Warrant of Fitness.
9. That budgeted funds are set aside for R&D and education for the OH&S industry sector.
10. That a register be developed identifying specialists in defined areas.
11. That Regulation 21 "Working at Heights" be removed.
12. That the AS/NZ Standard 4801 (Occupational Health and Safety Management Systems - Specification with guidance notes) be reviewed and made more applicable to NZ.

What we are seeking are interventions that, if implemented, will make a quantum change in the NZ workplace health and safety arena.

Recommendations further expanded:

- 1.1 That the OH&S industry moves towards Continuous Professional Development as a way of maintaining and up skilling its members to ensure that accurate and professional information is given to employers and employees.
 - i. *Within the OH&S industry there are many organisations with Professional Standards and criteria to be met for membership purposes. We believe Government must incentivise/encourage the industry to better maintain and improve the standards for professional status. Business must be confident that the person they are engaging is who they say they are, i.e., has the capacity and capability to deliver sound advice and services.*
- 1.2 That an education programme be established that incorporates OH&S at all levels of the education spectrum.

Within NZ there is an urgent need to create a life-long learning concept regarding work and the working environment. This would cover providing new school entrants with basic OH&S issues and then adding to this throughout the students' education experience- including pre-school, primary, secondary and through to university.
- 1.3 We believe that 'safe' design becomes the preferred option at tertiary education level, particularly in the engineering and architectural fields

The engineering schools must pay particular attention to their curricular to ensure that best practice and good design is maintained. There must be a huge push on professionalism when dealing with design/budgets and customer needs and wants. Compromise on safety because the customer doesn't want to spend the extra, should be non-negotiable. The professional bodies of these disciplines need to more actively promote safe design and improving design standards.
- 1.4 We believe that the training of OH&S professionals within NZ needs to be improved and aligned with international standards and qualifications.

The scope of training within NZ for OH&S professionals is limited and fragmented. There is no career path offered by tertiary providers. Training is subject orientated and provided by a raft of varying providers. The NZQA system is not used within the universities and can be of indifferent standard. Many people come to NZ with overseas qualifications which we perceive to be superior to ours, but with no real comparison it is difficult to come to an objective opinion. A robust and integrated OH&S faculty would solve this issue.

- 1.5 We strongly believe that the medical profession must take more of a lead role within the OH&S fields.

Currently the medical profession has too few qualified OH&S practitioners. The training of doctors specifically in OH&S is limited and constrained to toxicology and treatments. We believe the scope of training needs to be widened to encompass engineering, ventilation, ergonomics and the concepts of safety management and legislation. Inclusion of OH&S at the medical student level is also required.

- 2.1 That the DoL and ACC IPCs are members of a professional organisation and required to maintain their CPDs.

It is vital that both the ACC IPCs and the DoL Inspectors are members of a professional organisation. This will allow them to meet and maintain the same competency standards that are required in the general workplace. This action alone will assist greatly in a general up-skilling, enabling a common and united language to be used in the areas of OH&S. It will also create a form of benchmarking across the industry.

- 2.2 That the training given to DoL and ACC IPCs be similar.

There is a gap in the training between DoL and ACC IPCs which we believe creates confusion and double standards. The combined training need not be full course curricular, but there should be combined core subjects that both agencies can agree on and which have a consistent standard.

- 3.0 That the DoL range of CoPs and Guidelines are reviewed and made into Best Practice documents. This also will require that ACC publications are brought into line with DoL or vice versa.

The current set of COPs is dated and has not kept up with modern practices. We believe also that the concept of Codes of Practice should be changed to Best Practice.

- 4.0 That the Workplace Exposure Standards be reviewed.

The Workplace Exposure Standards (WES) should be reviewed to bring them into line with industry standard and best practice principles.

- 5.0 That the ACC Workplace Safety Management Practices (WSMP) audit tool be reviewed and brought up to date.

The ACC audits tools (WSMP and Partnership Programme) have been in use for some 6 years with little or no review. These documents are used by 2417 employers, and the need to have an up to date and relevant document is important. The audit tool has also by default become the OH&S standard. This default standard is not correct and certainly does not meet best practice methodologies.

- 6.1 That material is researched and developed for SMEs in the areas of Injury Prevention and Rehabilitation.

Given the majority of NZ workplaces are small (92% employ fewer than 10,; there is an urgent need to research and develop material that is relevant to them.

On the other hand, 0.2% of employers (1939) employ 47% of employees. There seems to be great scope to specifically target either the masses of SMEs as well as targeting the large employers to get the message of injury prevention and rehabilitation out to these workplaces. They have different levels of resource and need which necessitates "that one size does not fit all".

- 6.2 We believe that the two leading agencies i.e., DoL and ACC along with key industry stakeholders, jointly research and develop a Cost Benefit software package to be freely available to SMEs and large employers.

A robust software package demonstrating the cost benefits of a range of interventions would encourage more OH&S spending within the business sector. It is often seen as an overhead, but if these benefits were available and demonstrated the investment/return more employers' businesses might participate.

- 7.1 That there is a concerted move away from Key Performance Indicators (lag indicators) towards Positive Performance Indicators (actions to be completed, lead indicators) and that the injury prevention culture is promoted at all levels of DoL and ACC activities.

We believe that the method of recording and rewarding OH&S activities is flawed. The current practice of measuring past loss events and then being rewarded for this result will do little to advance the OH&S cause. We believe that a move towards an improved safety culture within companies is the correct way forward. To this end there must be a move to change this reactive management to a more positive indicator. We believe that Positive Performance Indicators are required to measure what has been implemented rather than just to count the failed results.

- 7.2 That a strategy be developed to better value staff as an asset resulting in education, motivation and health protection.

It is often quoted that staff are the greatest company asset, but in reality how much time, money and resources are actually provided to maintain this asset? It should be perceived that the resources spent on the asset are in fact an investment.

- 7.3 We believe that OH&S must become a core business function that is required and reported on to executive level, along with other business activities.

Government can assist by leading the way with requiring its departments to report on OH&S initiatives, and also requiring its contractors to report OH&S outcomes. The market will soon follow as the ripple effect gets established.

- 7.4 We believe that company culture is the key to establishing and maintaining a healthy and safe workplace.

There must be established NZ stories around good company culture. A significant national award could be set up to recognise healthy workplaces with healthy workplace cultures. This award should recognise productivity, environmental achievements and OH&S activities. To only reward OH&S achievements further reinforces the non integrated view of good OH&S practice.

- 7.5 Increase lobbying and the public demand for safer workplaces.
A national advertising campaign could drive demand from employees when deciding who they offer their labour and skills to. With a tight labour market employers could well capitalise on the OH&S performance of the company to attract new employees.
- 8.0 That identified high risk industries (including those described in the National Occupational Health and Safety Advisory Committee –NOHSAC report) are required to demonstrate a level of compliance through a Certificate of Conformance similar to the Building Warrants of Fitness.
The NOSHAC report clearly identified industry types that were thought to be high risk for occupational illness. We believe that these industries and others should have to verify specific compliance efforts and improvements they are undertaking within the workplace. This could be done by an external person who would then issue a certificate of activity similar to the Site certificates and building WOF required today by other regulatory bodies.
- 9.1 That budgeted funds are set aside for R&D and education for the OH&S industry sector.
We believe there must be a set budget for OH&S related research and development. This encourages research and assists in more directed and outcome focused results. Presently there is a dearth of OH&S research done in NZ. We also believe that a centre of excellence be set up that would administer the research funds as well as conduct its R&D. This body would have the ability to co-opt others onto research topics/groups.
- 9.2 We believe that the DoL budget needs to be increased.
With increased and sustained funds the DoL can provide a secure career path, provide up to date monitoring equipment and training for its field staff. The effect of this would be a better resourced and more competent inspector who is very able to police and educate from a secure knowledge base. The policy advisors and internal specialists would also be better able to provide products and services for the NZ workplace.
- 9.3 We believe that an OH&S Centre of Excellence should be established to foster research, improve design of plant/process and equipment and look for innovation to remedy long standing issues.
A Centre of Excellence is required to provide expert advice on technical/engineering or medical issues. We believe the Centre would be staffed by a small team who would have the funds and ability to second others into projects such as research.
- 10.0 That a register be developed identifying specialists in defined areas.
We believe that there should be a national database of specialist OH&S advisors. This would include, but not be limited to, ventilation engineers, lighting engineers, experts in vibration, hygiene, toxicology, etc.

11. That the Regulation 21 Working at Heights be removed.

The present Regulation 21 needs an urgent review with the possibility of removal from the statutes. International research indicates conclusively that falls from less than 3 meters are just as hazardous as those over 3 meters. It is wrong to set mandatory requirements on employers for a 3 meter limit when the research clearly identifies data to the opposite. This change will cause a dramatic and quick reduction in fall injuries.

12. That the AS/NZ Standard 4801 (Occupational health and safety management systems - Specification with guidance notes) be reviewed and made more applicable to NZ

The ACC audit tool is based on AS/NZ 4801 so it is therefore important that this document is correct and in keeping with best practice. We believe that the 4801 standard, while it served its earlier purpose, needs to be reviewed and updated. Do we want a NZ standard or retain a joint standard with Australia? There are some good arguments for both options.

Paul Jarvie
Chairperson
OHSIG

Appendix 1.

Stakeholder list

Membership of OHSIG

- * New Zealand Institute of Safety Management (NZISM)
- * New Zealand Occupational Health Nurses Association (NZOHNA)
- * New Zealand Occupational Hygienist Society (NZOHS)
- * New Zealand Ergonomists Society (NZES)
- * New Zealand Safety Council (NZSC)
- * New Zealand Association of Occupational Therapists (NZAOT)
- * Institute of Professional Engineers of New Zealand (IPENZ)
- * New Zealand Risk Management Society (NZRMS)
- * Australian and New Zealand Society of Occupational Medicine (ANZSOM)

It is estimated that the combined membership is around 16,000.